

FIG. 1

FIG. 1

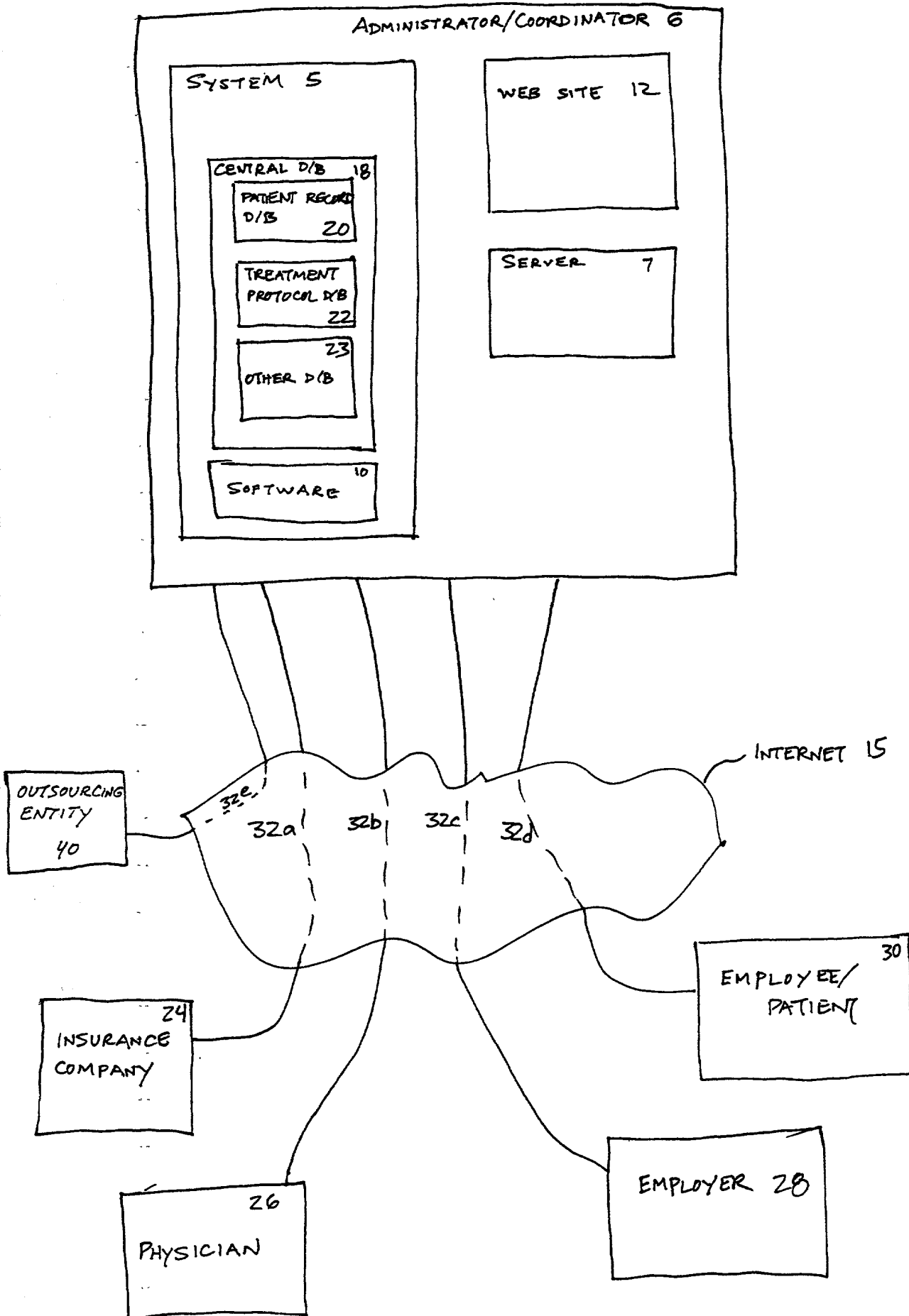


FIG. 2

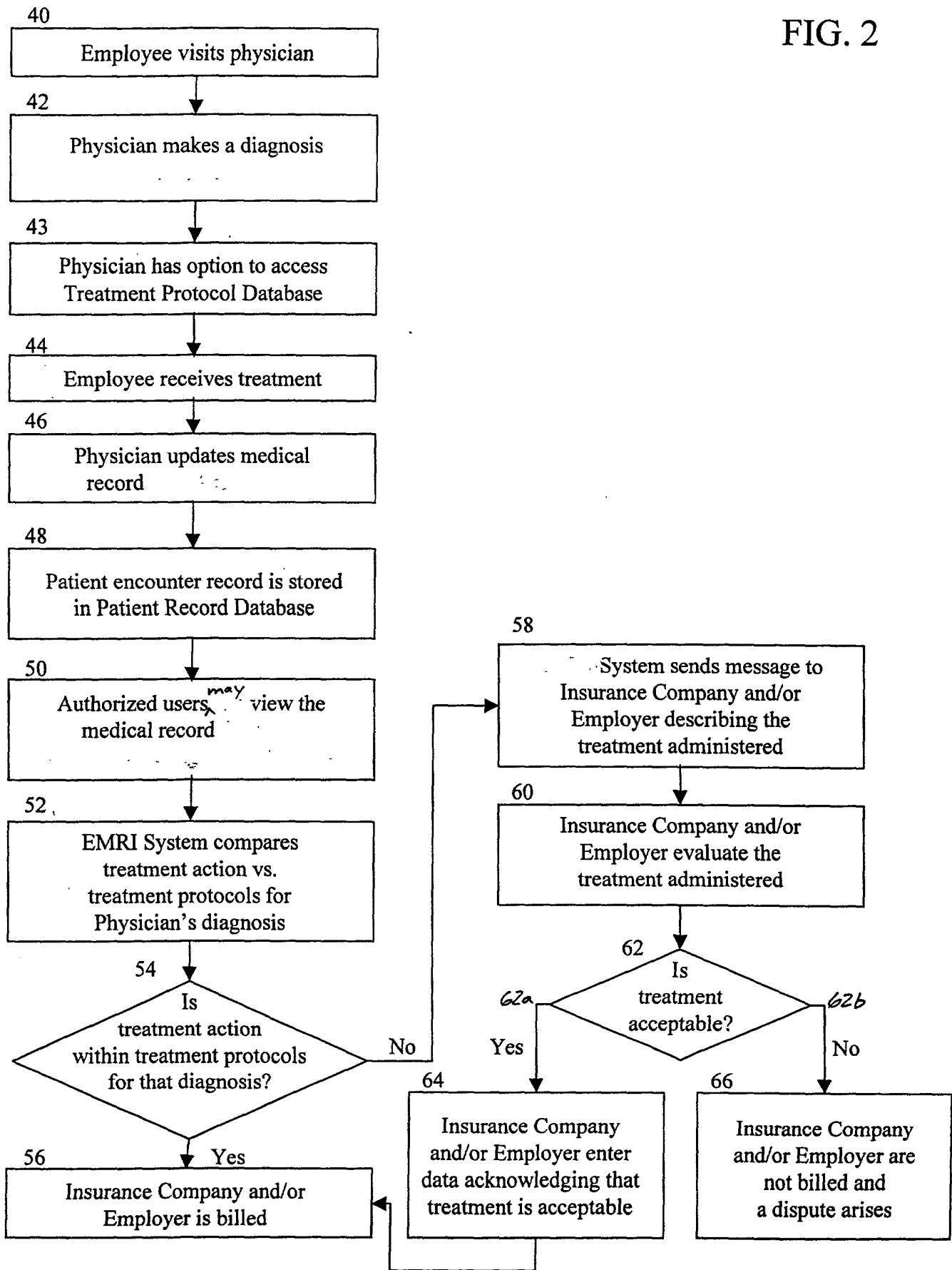


FIGURE 3a

Summary Corporate Report

Employer:

Contact Person:

Contact Assistant:

Type of Business:

Employer Phone:

Contact Phone:

Insurance Company:

Global - Monthly All Regions

Year:	Month	Total First Aid	Total Rept Injury	Total New Injury	Total Light Duty	Total Full Duty	Total Sick Call (PM)	Physicals Pre-Employ	DOT	NIDA	Non-NIDA	Collect Only	Total Employer Paid Ego's	Total Insurance Charges	Total Premium
January		509	238	238	107	33	849	951	204	373	306	475	\$ 99,285	\$ 204,906	15,301.07
February		441	102	102	107	33	1086	679	102	306	204	340	75,915	137,157	11,177.00
March		340	204	204	107	33	747	611	0	407	407	340	77,430	154,316	12,141.00
April		373	238	238	107	33	509	679	136	509	373	272	86,025	174,795	13,521.00
May		509	68	68	107	33	306	509	170	373	340	475	99,285	139,039	11,332.00
June		747	204	204	107	33	272	1222	306	407	509	645	140,040	244,426	18,395.00
July		0	0	0	0	0	0	0	0	0	0	0	-	-	-
August		0	0	0	0	0	0	0	0	0	0	0	-	-	-
September		0	0	0	0	0	0	0	0	0	0	0	-	-	-
October		0	0	0	0	0	0	0	0	0	0	0	-	-	-
November		0	0	0	0	0	0	0	0	0	0	0	-	-	-
December		0	0	0	0	0	0	0	0	0	0	0	-	-	-
Total		2919	1054	1054	1054	330	3769	4651	918	2375	2139	2547	\$ 577,980	\$1,054,639	78,385.07

341

342

340

Injury Summary - YTD

350

Employer:

Contact Person:

Contact Assistant:

Type of Business:

Employer Phone:

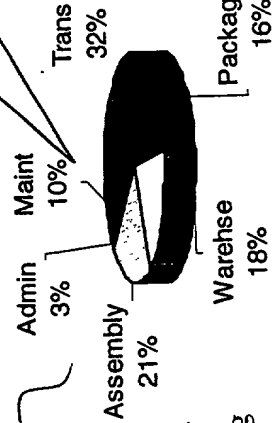
Contact Phone:

Insurance Company:

Year:	Total First Aid	Total Rept Injury	Total New Injury	Total Office Visits	Sick Call (Pvt)	Physicals	Drug Screens	Total Employer Paid	Total Insurance Charges	Total Charges
Month						Pre-Employ	DOT	NIDA	Non-NIDA	Collect Only
January	15	7	32	154	25	28	6	11	9	14
February	13	3	15	112	32	20	3	9	6	10
March	10	6	15	112	22	18	0	12	12	10
April	11	7	18	126	15	20	4	15	11	8
May	15	2	17	119	9	15				
June	22	6	28	196	8	36				
July	0	0	0	0	0	0				
August	0	0	0	0	0	0				
September	0	0	0	0	0	0				
October	0	0	0	0	0	0				
November	0	0	0	0	0	0				
December	0	0	0	0	0	0				
Total	86	31	117	819	111	120		7,025	\$ 31,051	\$ 31,051

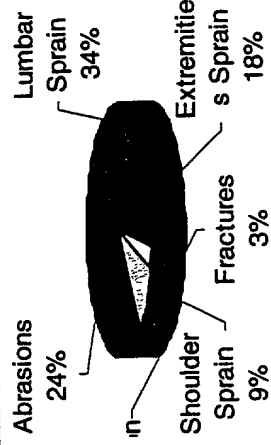
Reports & charts are easily "tailored" to your company's requirements, showing plants, regions, states, etc.

Injuries by Department



IMPORTANT

This is not a bill but a report. If any of the information regarding your company is incorrect, please contact us immediately.



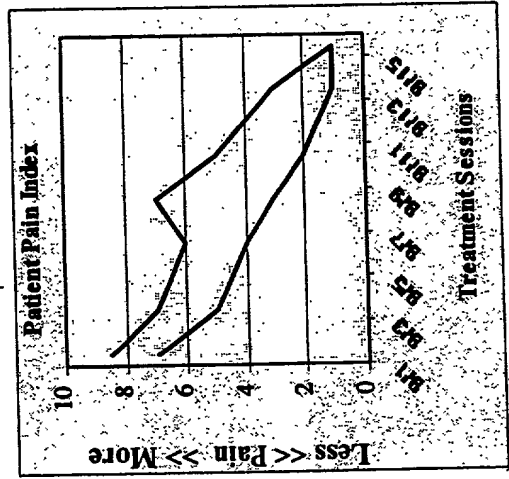
352

Detailed Work Status Report

332

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302



Employee: [REDACTED] 304

Supervisor: [REDACTED] 304

Department: Transportation

Job Description: [REDACTED] 306

ID/SSN#: 000-00-0000

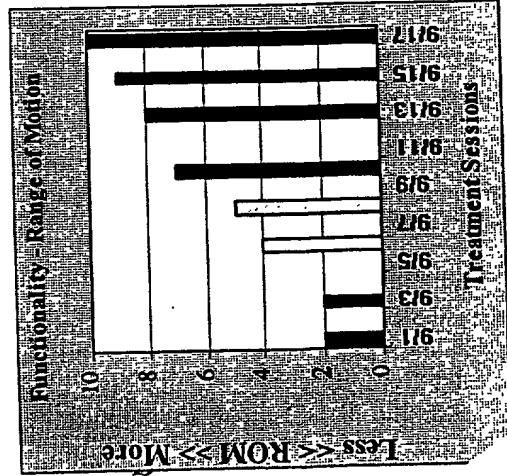
Diagnosis: [REDACTED] 308

Prognosis: [REDACTED] 310

Important Dates

Date of Injury	Date of First Visit	Date of Last Visit	Date of Next Visit	Date of Discharge
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

312 314 316 318 320



Work Status

Date Last Worked	Date Returned to Full Duty	Date Returned to Mod Duty	Lost Work Days
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

322 324 326 328

Work Restrictions:

[REDACTED]

330

FIGURE 4

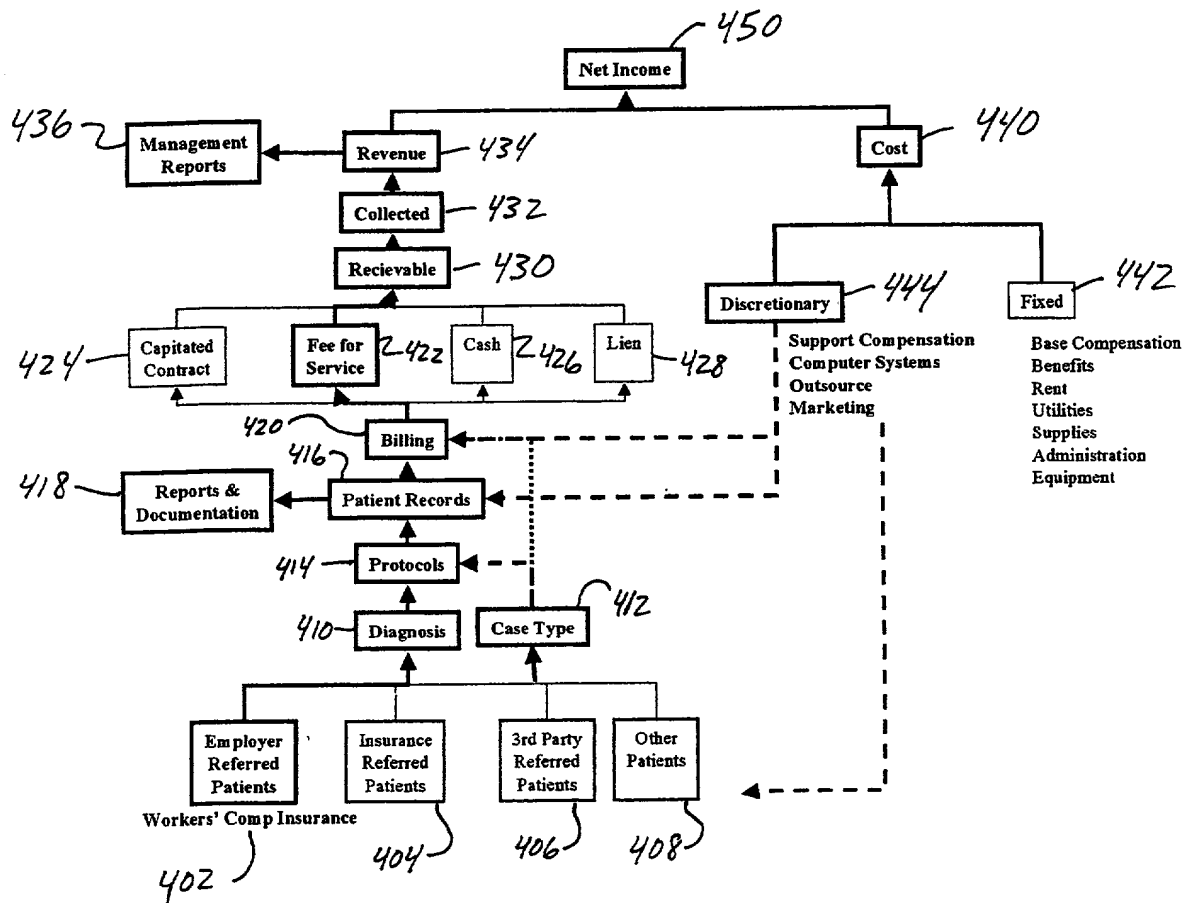


FIGURE 5

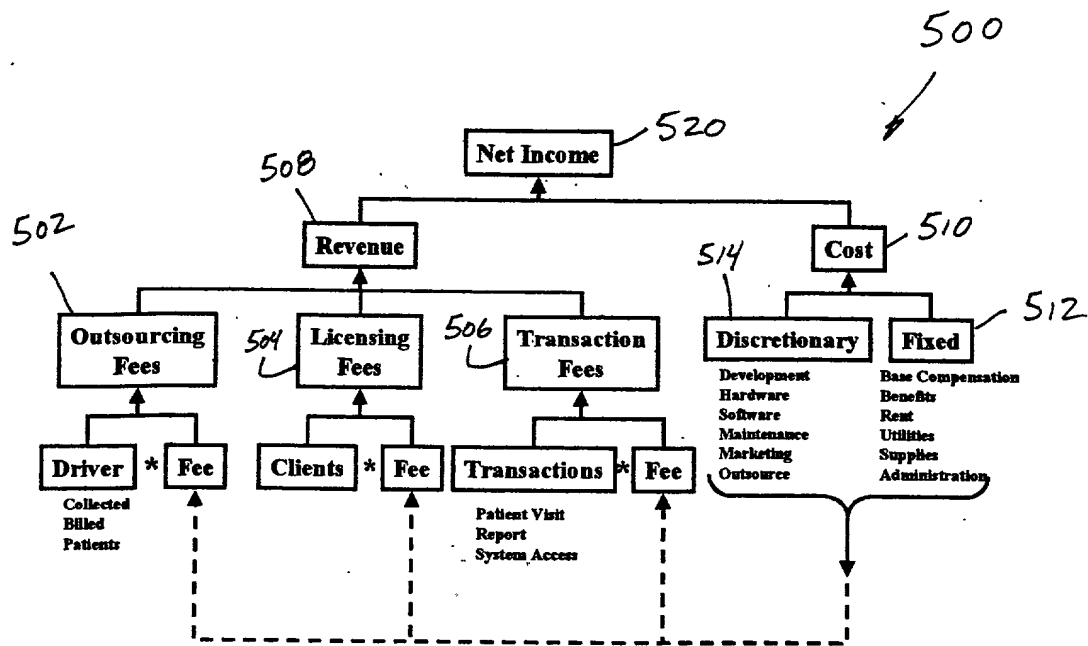


FIG. 6

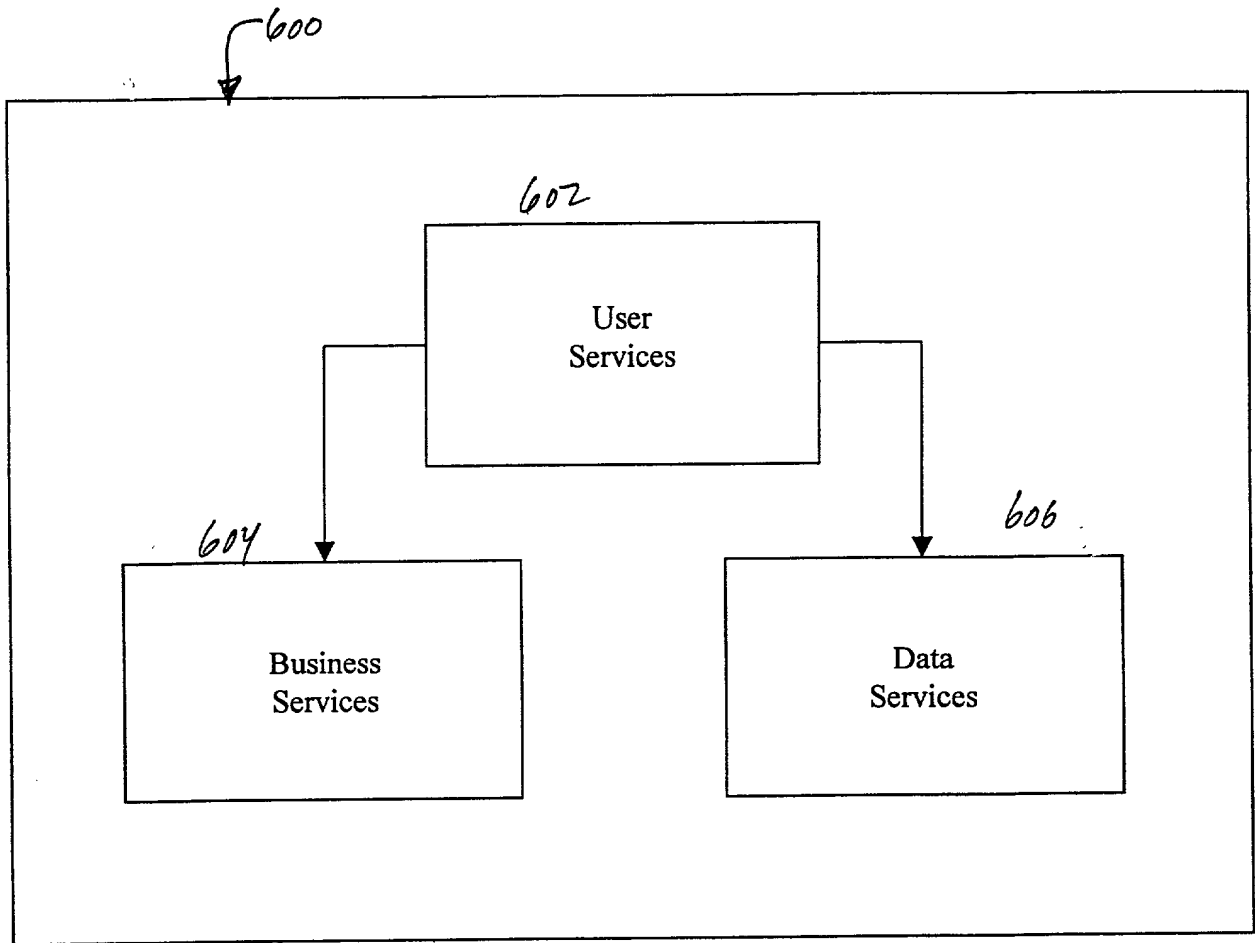


FIG. 6

FIGURE 7

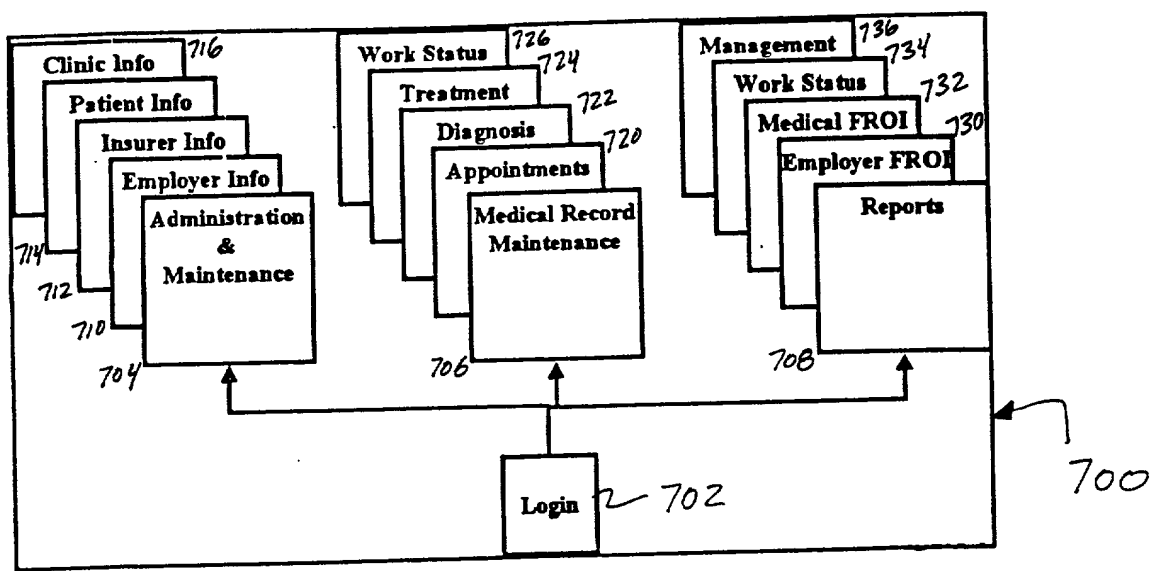


FIGURE 8

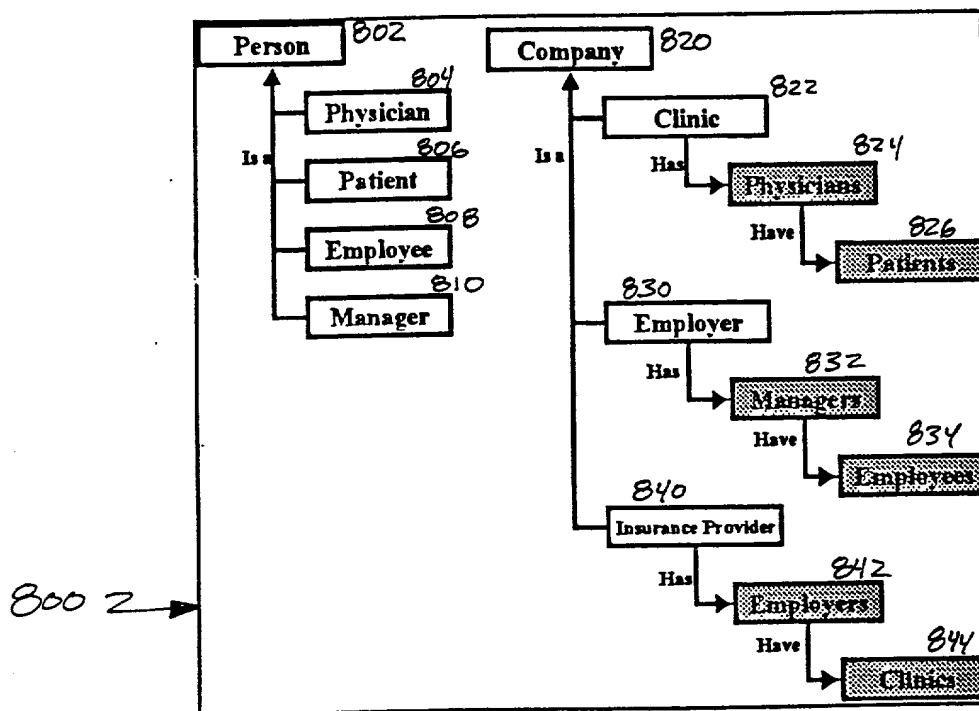


FIGURE 9

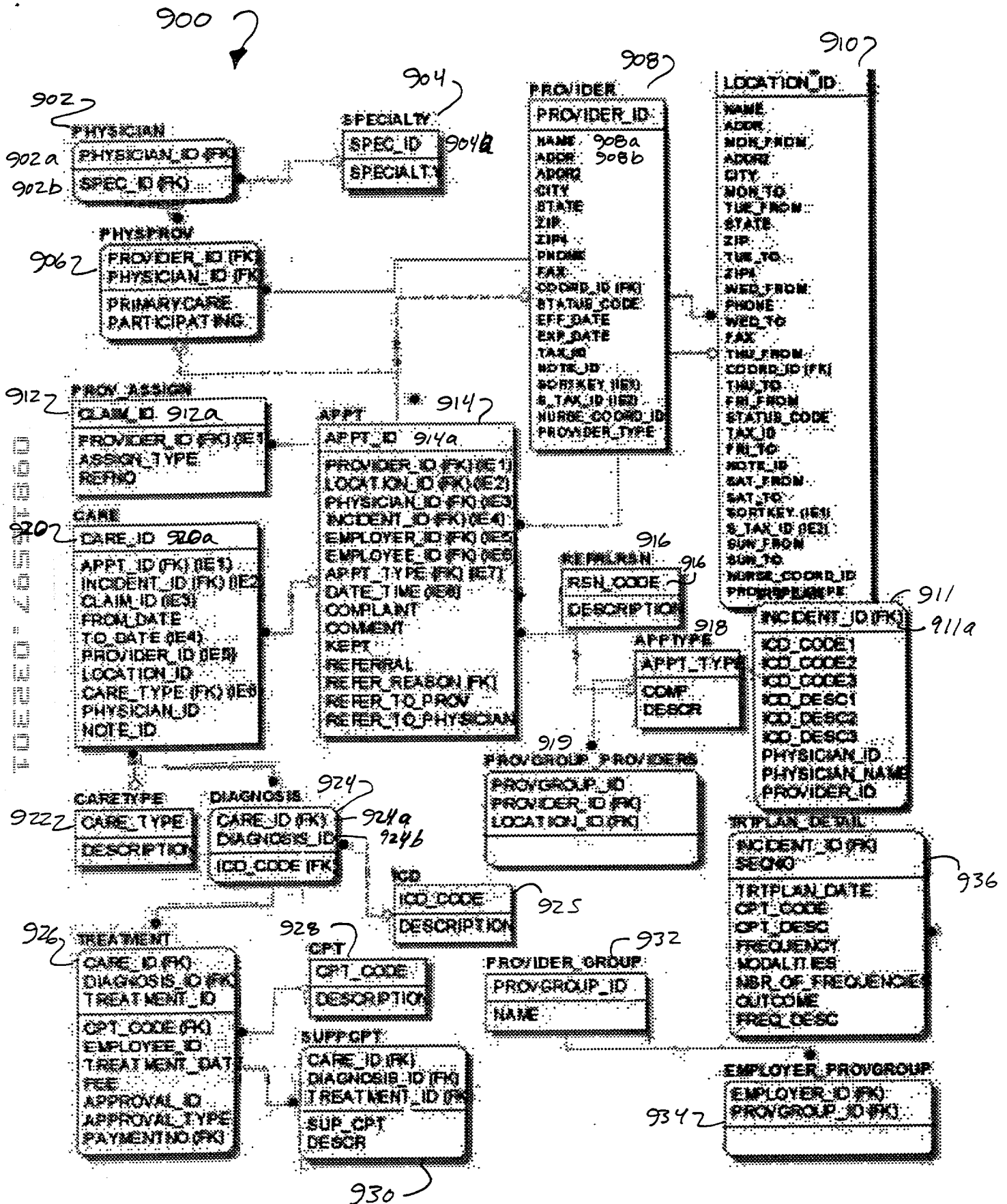


FIGURE 10

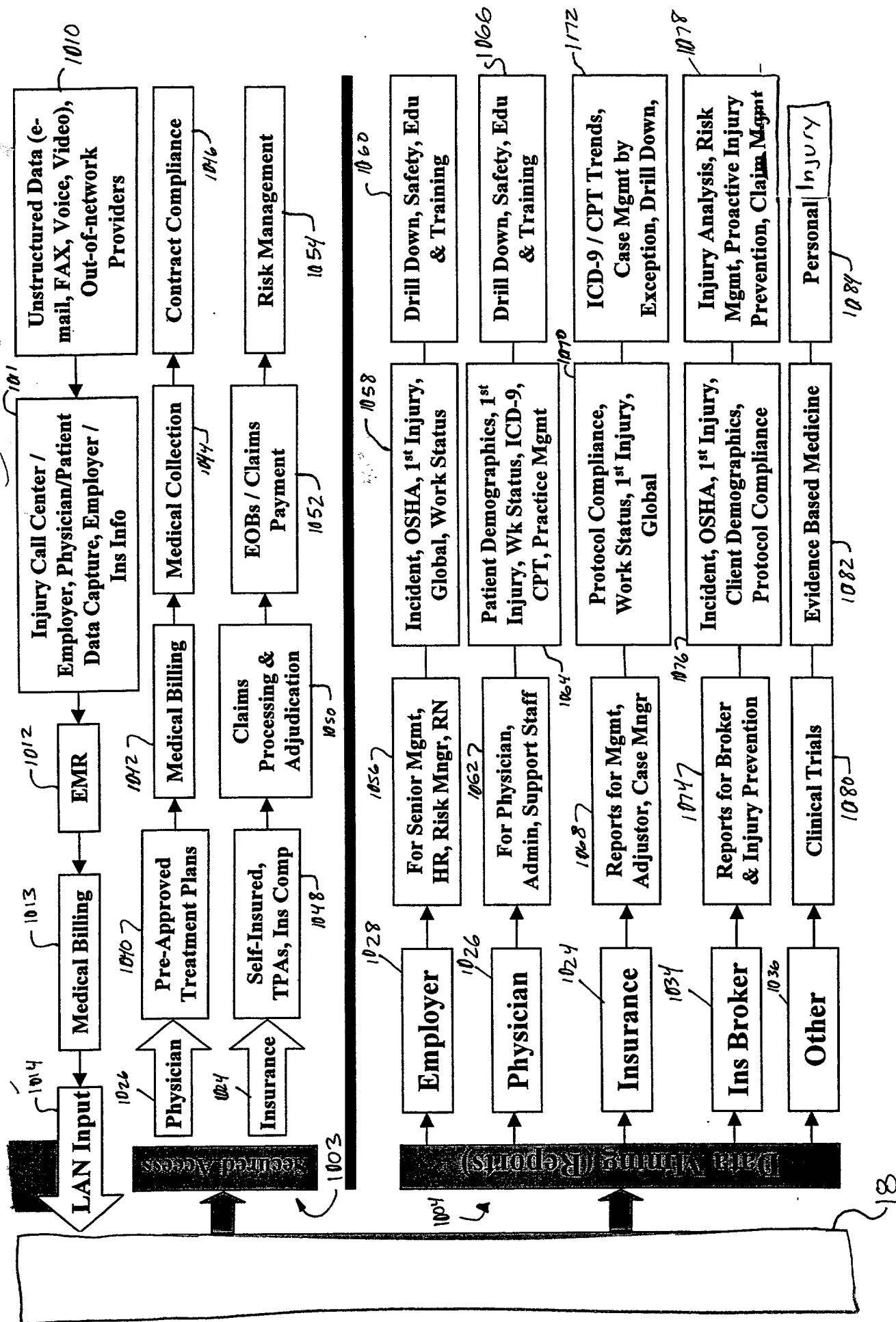


FIGURE 11

FIGURE 11

